

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215502360					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CHRISTIAN LEGAL SOCIETY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID NAMMO 8001 BRADDOCK RD STE 302 SPRINGFIELD, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2015</p> <p>SCC ID NO: F0404436</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 8001 BRADDOCK RD STE 302</p> <p style="text-align: center;">CITY/ST/ZIP: SPRINGFIELD, VA 22151</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER F RATHBUN TITLE: PAST PRESIDENT ADDRESS: 1865 BROADWAY C/O ABS CITY/ST/ZIP/CO: NEW YORK, NY 10023 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: PETER F RATHBUN TITLE: PAST PRESIDENT ADDRESS: 1865 BROADWAY C/O ABS CITY/ST/ZIP/CO: NEW YORK, NY 10023	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	SALLY WAGENMAKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	53 W JACKSON		
CITY/ST/ZIP/CO:	STE 550 CHICAGO, IL 60604		
NAME:	DELIA BOUWERS BIANCHIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	799 NORTH PIKE RD		
CITY/ST/ZIP/CO:	CABOT, PA 16023		
NAME:	JONATHAN CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 742224		
CITY/ST/ZIP/CO:	DALLAS, TX 75374		
NAME:	FREDERICK W CLAYBROOK JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE NW		
CITY/ST/ZIP/CO:	C/O CROWELL & MORING WASHINGTON, DC 20004		
NAME:	JOHN W. MAUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 N LA SALLE STREET		
CITY/ST/ZIP/CO:	SUITE 600 CHICAGO, IL 60602		
NAME:	STEVE OBAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2025 FIRST AVE, PENT A		
CITY/ST/ZIP/CO:	SEATTLE, WA 98121		
NAME:	TIM OHARE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1038 SOUTH ELM ST		
CITY/ST/ZIP/CO:	CARROLLTON, TX 75006		
NAME:	JENNIFER PATRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 W. BROADWAY STE 1310		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92101		
NAME:	JAMES W. RICHARDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11410 N INGOT LOOP		
CITY/ST/ZIP/CO:	ORO VALLEY, AZ 85737		
NAME:	JOSEPH A. RUTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 BROADWAY 21ST FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	MYRON STEEVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2200 NORTH GRAND AVE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM TREEBY DIRECTOR 546 CARONDELET ST. NEW ORLEANS, LA 70130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB TRIERWEILER DIRECTOR 100 LAKE HART DR MC 3500 ORLANDO, FL 32832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER S. WILLIAMS DIRECTOR 2010 JIMMY DURANTE BLVD DEL MAR, CA 92014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID NAMMO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID NAMMO, CEO PRINTED NAME AND CORPORATE TITLE	1/13/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			